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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

As the below named inventor(s), I/we declare that:						
This declaration is directed						
×	The attached application, or	•				
		, filed on,				
	as amended on	(if applicable);				
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;						
I/ we have reviewed and amended by any amend	i understand the contents of the ment specifically referred to ab	e above-identified application, including the claims, as bove;				
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and						
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.						
FULL NAME OF INVENT	TOR(S)					
Inventor one: <u>KH</u>	IUE VU NGU;	YEN				
Signature:	Clus	Citizen of: France				
Inventor two: CHARLES MICHEL WOLFE						
Signature:	1. Deupo	Citizen of. France				
Inventor three: PH	ILIPPE PO	INDRON				
Signature:	Rudur	Citizen of. France				
Inventor four:						
Signature:		Citizen of:				
Additional inventors are being	ng named ona	additional form(s) attached hereto				

Burden Hour Statement. This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION FOR UTILITY OR

DESIGN

PATENT APPLICATION

(37 CFR 1.63)

PTO/S8/01 (10-00)
Approved for use through 10/31/2002, OMB 0651-0032
Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Attorney Docket Number

COMPLETE IF KNOWN

First Named Inventor

Application Number

Filing Date

with Initial Filing (surcharge (37 CFR 1.16 (e)) required) As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Utilization of mucleotide probes for the measurement of specific mRNA for the molecular diagnosis of autosomal recensive spinal measurar atrophy the specification of which is attached hereto OR as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Utilization of mucleotide probes for the measurement of specific mRNA for the molecular diagnosis of autosomal recentive spinal numerical atrophy (Title of the Invention) the specification of which is attached hereto OR as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as						
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I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Utilization of nucleotide probes for the measurement of specific mRNA for the molecular diagnosis of autosomal recenive spinal nusualar atrophy (Title of the Invention) the specification of which is attached hereto OR as United States Application Number or PCT International was filed on (MM/DD/YYY) Application Number and was amended on (MM/DD/YYYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as						
names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Utilization of Mucketide probes for the measurement of specific mRNA for the molecular diagnosis of autosornal recensive spinal nuscular atrophy (Title of the Invention) the specification of which is attached hereto OR OR as United States Application Number or PCT International (if applicable). Application Number and was amended on (MM/DD/YYYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as						
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OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as						
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I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as						
amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Foreign Filing Date Priority Certified Copy Attached?						
(MM/DD/YYYY) Not Claimed YES NO						
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.						
Application Number(s) Filing Date (MM/DD/YYYY)						
Additional provisional application numbers are listed on a						
supplemental priority data sheet						
PTO/SB/02B attached hereto.						
[Page 1 of 2] Surden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be contained by Chief Information (Information).						
the amount of time—you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, Di 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.						

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DECLARATION — Utility or Design Patent Application

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OR 💢 C	Correspondence address below				
Apt# 303)				
					
State CA	ZIP 92104				
1) 543 - 3623	Fax (619)543-7868				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
A petition has been file	ed for this unsigned inventor				
Given Name (first and middle [if any]) KHUE VU Family Name NGUYEN or Surname					
•	Date 03/03/2001				
CA Country	Citizenship FRENCH				
Mailing Address 2828 University Avenue, Apt # 303					
ZIP 92104	Country V.S.A.				
A petition has been file	ed for this unsigned inventor				
Given Name (first and middle [if any]) CHARLES - Michel Family Name WOLFF or Surname					
Inventor's Thermy Date 05/03/2001					
FRANCE Country	FRENCH Citizenship				
Mailing Address 15, AVE DU GENERAL DE GAULLE					
Mailing Address					
ZIP 67000	Country FRANCE				
onal Inventor(s) sheet(s) PTO/					
	State CA State				

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PTO/88/02A (11-00)

Approved for use through 10/31/2002 OM8 0851-0032

U.S. Patent and Tradamark Office. U.S. DEPARTMENT OF COMMERCE.

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page ___ of ___

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor						
Given Name (first and middle (if a	F	amily Name or	Sumame			
Philippe		Po	INDRON			
Philippe Inventors Houdan Signature Poudan						
Residence: City PLOBSHEIM	ssidence: City PLOBSHEIM State		rance	Date June, 06, 2001 Citizenship Franch		
Mailing Address 14 au and	re' mal	aux				
Mailing Address						
Chy PLOBSHEIM	Chy PLOBSHEIM State		ZIP 67115 Country France			
Name of Additional Joint Inventor, if	any:	A petition has	been filed for t	his unsigned inventor		
Given Name (first and middle [if ar	ıy])	Family Name or Surname				
inventor's Signature			Date .			
Residence: City State		Country		Citizenship		
Malling Address						
Mailing Address						
City	Ct4-	7/8				
Name of Additional Joint Inventor, if any:		A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any	Family Name or Sumame					
Inventor's Signature			Date			
Residence: City State		Country		Citizenship		
Malling Address						
Mailing Address						
Сћу	State	ZIP		ountry		

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(Notary Public)

Seal

* 🔲 Total of

forms if more than one signature is required. See below*.

forms are submitted

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Docket Number (Optional) ASSIGNMENT OF APPLICATION Whereas, IWe, KHUE VU NGUYEN of SAN DIEGO, CA, U.S. A., hereafter referred to as applicant, have invented certain new and useful improvements in Utilization of molecular diagnosis of autoromal receptive spiral number attophy for which an application for a United States Patent was filed on Application Number___/__/ for which an application for a United States Patent was executed on 03/30/2001, and Whereas, NEURDETT S.A. of TLLKTRCH, FRANCE herein referred to "assignee" whose mailing address is Les Afgainthaires, mile Tear Saprims is desirous of acquiring the entire right, title and interest in the same; FRANCE Now, therefore, in consideration of the sum of one dollars (\$1.00), the receipt whereof is acknowledged, and other good and valuable consideration, I/We, the applicant(s), by these presents do sell, assign and transfer unto said assignee the full and exclusive right to the said invention in the United States and the entire right, title and interest in and to any and all Patents which may be granted therefor in the United States, I/We hereby authorize and request the Commissioner of Patent and Trademarks to issue said United States Patent to said assignee, of the entire right, title, and interest in and to the same, for his sole use and behoof; and for the use and behoof of his legal representatives, to the full end of the term for which said Patent may be granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made. executed this 30th day of March , 2001 at SAN DIEGO, CA, U.S.A. State of ______) (Signature) SS: County of _____ Before me personally appeared said and acknowledged the foregoing instrument to be his free act and deed this

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents and Trademarks, Washington, DC 20231.

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

Docket Number (Optional)

ASSIGNMENT OF APPLICATION	
Whereas, I/We, CHARLES - MICHEL WOLFF of STRASBO	
referred to as applicant, have invented certain new and useful impropriet for the measurements of specific mRNA for the molecular alrephy.	vements in <u>Utilization of nucleotide</u> when diagnosis of autosomal
for which an application for a United States Patent was filed on _	
Application Number/	
/ ipphodion ridingor	
for which an application for a United States Patent was executed	d on <u>03/30/2001</u> , and
Whereas, NEUROFIT S.A. of ILLKIRCH, FR to assignee whose mailing address is Les Algorithmes, rue Jea desirous of acquiring the entire right, title and interest in the same;	PANCE herein referred un sapidus Par d'Innwetis 67400 ILLKIRCH, FRANCE
Now, therefore, in consideration of the sum of <u>one</u> dollar acknowledged, and other good and valuable consideration, I/We, the assign and transfer unto said assignee the full and exclusive right to and the entire right, title and interest in and to any and all Patent United States, I/We hereby authorize and request the Commissioner United States Patent to said assignee, of the entire right, title, and use and behoof; and for the use and behoof of his legal representational said Patent may be granted, as fully and entirely as the same assignment and sale not been made.	e applicant(s), by these presents do sell, o the said invention in the United States is which may be granted therefor in the rof Patent and Trademarks to issue said interest in and to the same, for his sole lives, to the full end of the term for which
Executed this 30th day of March	, 20 <u>01</u> .
at STRASBOURG, FRANCE	•
	Com Soull
State of)	(Signature)
State of) County of FAANCE) SS:	Λ Λ Λ
Before me personally appeared said	Nichel.
and acknowledged the foregoing instrument to be his free act and deday of 0.5 Mil 1.2008	eed this
day of 05 MAI 2000 SETALS	23 678 .
Seal	(Notary Public)
Note: Signatures of all the inventors or assignees of record of the entire interest or the forms if more than one signature is required. See below	ir representative(s) are required. Submit multiple
• □ Total of forms are submitted.	

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Docket Number (Optional) ASSIGNMENT OF APPLICATION Whereas, I/We, Philippe POINDRON of PLORSHFIM. 67115 (France), hereafter referred to as applicant, have invented certain new and useful improvements in attitudes of Muchobide makes for the invasinguent of encific m RNA for the involvement diopnoise of autosombal recessive spinore invascular adopted. Tor which an application for a United States Patent was filed on ______ Application Number____/ for which an application for a United States Patent was executed on 03/30/2001, and ____herein referred Whereas, NEUROFIT SA to "assignee" whose mailing address is les Alboritaines au Jean Capiclus, Lanc d' Innovation d' 67400 (ILLKIRCH) desirous of acquiring the entire right, title and interest in the same; Now, therefore, in consideration of the sum of one dollars (\$ 1.00), the receipt whereof is acknowledged, and other good and valuable consideration, I/We, the applicant(s), by these presents do sell, assign and transfer unto said assignee the full and exclusive right to the said invention in the United States and the entire right, title and interest in and to any and all Patents which may be granted therefor in the United States, I/We hereby authorize and request the Commissioner of Patent and Trademarks to issue said United States Patent to said assignee, of the entire right, title, and interest in and to the same, for his sole use and behoof; and for the use and behoof of his legal representatives, to the full end of the term for which said Patent may be granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made. Executed this_ State of _____ County of France Pour la légalisation de la Before me personally appeared said Philips POINDRON signature and acknowledged the foregoing instrument to be his free act and deed this Piobsicim, le . 97 Jin 2001 Lo Maire (Notary Public) PDE 10 Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. S

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents and Trademarks, Washington, DC 20231.

forms if more than one signature is required, See below*.

* D Total of

forms are submitted.